

**WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP**  
PATENT AND TRADEMARK ATTORNEYS

BANK ONE CENTER/TOWER  
111 MONUMENT CIRCLE, SUITE 3700  
INDIANAPOLIS, INDIANA 46204-5137  
Main: (317) 634-3458 Fax: (317) 637-7561  
[www.uspatent.com](http://www.uspatent.com)

---

**FAX COVER SHEET**

---

**Date:** Friday, April 29, 2005**Number of Pages:** Cover sheet plus 106 page(s)

**To:** Examiner Joe Cheng  
**Company:** U.S.P.T.O.  
**Your Reference:** Serial No. 10/748,742  
**Fax Number:** 703-872-9306

**From:** John V. Daniluck ([jdanyluck@uspatent.com](mailto:jdanyluck@uspatent.com))  
**Our Reference:** 7024-538

*J. Daniluck*  
29 April 2005

**Comments:**

Included with the transmission are the following documents:

1. Amendment and Response to Office Action
2. Supplemental IDS – Cover Letter
3. Supplemental IDS – PTO Form SB08B
4. 1 cited non-patent reference
5. Fee Transmittal
6. Credit Card Payment Form
7. Petition for Extension of Time

**CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:**

**ORIGINAL COPY AND ANY ENCLOSURES WILL NOT BE SENT**

---

*If an error occurs during transmission please contact us at: (317) 634-3456*

---

**THIS MESSAGE IS INTENDED ONLY FOR THE ADDRESSEE(S) IDENTIFIED ABOVE.**

It may contain privileged, confidential, attorney work product, or trade secret information that is exempt from disclosure under applicable laws. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this message is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone and return the facsimile (and all copies) to the sender by mail at the above address. The sender will reimburse you for reasonable expenses incurred. Thank you.

#338573

OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**405****Complete If Known**

Application Number	10/748,742
Filing Date	December 30, 2003
First Named Inventor	David A. Schleppenbach et al.
Group Art Unit	3713
Examiner Name	Joe H. Cheng
Attorney Docket Number	7024-538

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
---------------------	---------------------	-----------------	----------------------	----------------------------------

 $\text{---} -20 \text{ or HP} = \text{---} \times \text{---} = \text{---}$  **Fee (\$)** **Fee Paid (\$)**

(HP = highest number of total claims paid for, if greater than 20)

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
----------------------	---------------------	-----------------	----------------------

 $\text{---} -3 \text{ or HP} = \text{---} \times \text{---} = \text{---}$ 

(HP = highest number of independent claims paid for, if greater than 3)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
---------------------	---------------------	---	-----------------	----------------------

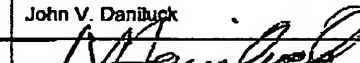
 $\text{---} = \text{---} / 50 = \text{---}$  (round up to a whole number)  $\times \text{---} = \text{---}$ 
**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

**Fee Paid (\$)**

Other: Two Month Extension (\$225) and Supplemental IDS (\$180)

**\$405****SUBMITTED BY:**

<b>Name (Print/Type):</b>	John V. Daniluck	<b>Registration No.:</b>	40,681	<b>Telephone:</b>	(317)634-3456
<b>Signature:</b>		<b>(Attorney/Agent)</b>		<b>Date:</b>	29 April 2005

**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the Examiner of record at 703-872-9306 on the date indicated below.

<b>Name (Print/Type)</b>	John V. Daniluck	<b>Date</b>	29 April 2005
<b>Signature</b>	